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APPLICANTS

Barbara A. Rapchak, Crystal Lake, IL;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/443,695 01/30/2003  
*AL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*  
*AL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>AL</i> Examiner's Signature Initials				

ADDRESS  
 24628  
 WELSH & KATZ, LTD  
 120 S RIVERSIDE PLAZA  
 22ND FLOOR  
 CHICAGO , IL  
 60606

TITLE  
 Medication compliance system

FILING FEE  RECEIVED 599	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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